

**ILLINOIS DEPARTMENT OF PUBLIC AID
REQUEST TO AMEND HEALTH INFORMATION**

- You have the right to ask the Illinois Department of Public Aid (Agency) to amend your personal health information that it has.
- The Agency does not have to agree to your request if the personal health information it has about you is accurate and complete, or was not created by the Agency, or is not part of a designated record set, or is not available for you to see.
- The Agency is required to tell you within 60 days after it receives your request if it will agree to your request or if it needs more time to respond to your request.

My name:

Date of birth:

I request that the Agency amend my personal health information in this way:

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This is the reason why I am asking the Agency to amend my personal health information:

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Signature:

Date:

Send this Request to Amend to:

Privacy Officer
Illinois Department of Public Aid
P.O. Box 19159
Springfield, IL 62794-9159

Fax: 1-312-793-2005

Contact the Illinois Department of Public Aid
Privacy Officer:

Privacy Officer
Illinois Department of Public Aid
P.O. Box 19159
Springfield, IL 62794-9159

Toll-free telephone: 1-800-226-0768 (Health Benefits
Hotline)

Toll-free for persons using a TTY: 1-877-204-1012

Fax: 1-312-793-2005

e-mail address: privacyofficer@mail.idpa.state.il.us